

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 12, 2003

Re: IRO Case # M2-03-0766

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 48-year-old female who on ___ was lifting some newspapers and felt pain in her back with some extension into her right buttock. There was no neurologic deficit on initial or subsequent examination. The patient has not had bowel or bladder difficulty. Physical therapy and medications were of some help, but the patient continues to have low back pain. MRIs obtained in June 2000 and on 4/17/02 show some mild discination at the L5-S1 level. No herniated nucleus was thought to be present. The patient continued with physical therapy after the MRIs without benefit. Discography performed in late 2000 suggested that the patient's problem is at L5-S1.

Requested Service

L5-S1 Lumbar fusion, CDH, cages, bone graft

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

From the records presented for this review, there is no evidence of instability or even of spondylolisthesis. Also there is no neurologic deficit or MRI finding to suggest nerve root compression. There is a strong possibility that, despite the fact that considerable time has passed, the passage of more time may be as beneficial as the proposed extensive operative procedure. If the patient's discomfort is not reduced by avoiding things that increase the discomfort, and also there are changes on imaging studies such as flexion and extension views of the lumbar spine, then reconsideration of fusion may be indicated.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 13th day of May 2003.